

|   |  |                         |   |
|---|--|-------------------------|---|
| <b>Index of Claims</b>  |  | Application/Control No. | Applicant(s)/Patent Under Reexamination |
|  |  | 10589353                | JONSSON ET AL.                          |
| Examiner  |  | Art Unit                |   |
| LESLIE R DEAK   |  | 3761                    |   |

|   |          |   |            |   |              |   |          |
|---|----------|---|------------|---|--------------|---|----------|
| ✓ | Rejected | - | Cancelled  | N | Non-Elected  | A | Appeal   |
| = | Allowed  | ÷ | Restricted | I | Interference | O | Objected |

| CLAIM |          |            |            | DATE       |  |  |  |  |  |  |  |
|-------|----------|------------|------------|------------|--|--|--|--|--|--|--|
| Final | Original | 02/05/2009 | 08/11/2009 | 03/29/2010 |  |  |  |  |  |  |  |
|       | 1        | ✓          | ✓          | =          |  |  |  |  |  |  |  |
|       | 2        | ✓          | ✓          | =          |  |  |  |  |  |  |  |
|       | 3        | ✓          | ✓          | =          |  |  |  |  |  |  |  |
|       | 4        | ✓          | ✓          | =          |  |  |  |  |  |  |  |
|       | 5        | ✓          | ✓          | =          |  |  |  |  |  |  |  |
|       | 6        | ✓          | ✓          | =          |  |  |  |  |  |  |  |
|       | 7        | ✓          | ✓          | =          |  |  |  |  |  |  |  |
|       | 8        | ✓          | ✓          | =          |  |  |  |  |  |  |  |
|       | 9        | ✓          | -          | -          |  |  |  |  |  |  |  |
|       | 10       | ✓          | ✓          | =          |  |  |  |  |  |  |  |
|       | 11       | ✓          | ✓          | -          |  |  |  |  |  |  |  |
|       | 12       | ✓          | ✓          | =          |  |  |  |  |  |  |  |
|       | 13       | ✓          | ✓          | =          |  |  |  |  |  |  |  |
|       | 14       | ✓          | ✓          | =          |  |  |  |  |  |  |  |
|       | 15       | ✓          | ✓          | =          |  |  |  |  |  |  |  |
|       | 16       | ✓          | ✓          | =          |  |  |  |  |  |  |  |
|       | 17       | ✓          | ✓          | =          |  |  |  |  |  |  |  |
|       | 18       | ✓          | ✓          | -          |  |  |  |  |  |  |  |
|       | 19       | ✓          | ✓          | =          |  |  |  |  |  |  |  |
|       | 20       | ✓          | ✓          | =          |  |  |  |  |  |  |  |
|       | 21       | ✓          | ✓          | =          |  |  |  |  |  |  |  |
|       | 22       | ✓          | ✓          | =          |  |  |  |  |  |  |  |
|       | 23       | ✓          | -          | -          |  |  |  |  |  |  |  |
|       | 24       | ✓          | ✓          | =          |  |  |  |  |  |  |  |
|       | 25       | ✓          | ✓          | =          |  |  |  |  |  |  |  |
|       | 26       | ✓          | ✓          | =          |  |  |  |  |  |  |  |
|       | 27       | ✓          | ✓          | =          |  |  |  |  |  |  |  |
|       | 28       | ✓          | ✓          | =          |  |  |  |  |  |  |  |
|       | 29       |            | ✓          | =          |  |  |  |  |  |  |  |
|       | 30       |            | ✓          | =          |  |  |  |  |  |  |  |
|       | 31       |            | ✓          | =          |  |  |  |  |  |  |  |
|       | 32       |            | ✓          | =          |  |  |  |  |  |  |  |
|       | 33       |            | ✓          | =          |  |  |  |  |  |  |  |
|       | 34       |            | ✓          | =          |  |  |  |  |  |  |  |
|       | 35       |            | ✓          | =          |  |  |  |  |  |  |  |
|       | 36       |            |            | =          |  |  |  |  |  |  |  |

|   |  |                         |   |
|---|--|-------------------------|---|
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|  |          |             |            |            |  |  |  |                              |                               |                                 |
|--|----------|-------------|------------|------------|--|--|--|------------------------------|-------------------------------|---------------------------------|
| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant |          |             |            |            |  |  |  | <input type="checkbox"/> CPA | <input type="checkbox"/> T.D. | <input type="checkbox"/> R.1.47 |
| <b>CLAIM</b>   |          | <b>DATE</b> |            |            |  |  |  |                              |                               |                                 |
| Final  | Original | 02/05/2009  | 08/11/2009 | 03/29/2010 |  |  |  |                              |                               |                                 |
|  | 37       |             |            | =          |  |  |  |                              |                               |                                 |
|  | 38       |             |            | =          |  |  |  |                              |                               |                                 |
|  | 39       |             |            | =          |  |  |  |                              |                               |                                 |
|  | 40       |             |            | =          |  |  |  |                              |                               |                                 |
|  | 41       |             |            | =          |  |  |  |                              |                               |                                 |
|  | 42       |             |            | =          |  |  |  |                              |                               |                                 |